



All vaccine orders placed on this form is for 19 -26 years old female who do not have insurance or are underinsured. To use these vaccines for someone that is not eligible constitutes FRAUD.

DELIVERY: Check all days and times you may receive vaccine. If closed during lunch hour, please specify.

Vaccine Request

1. Date Submitted	2. Name:	3. PIN #		4. Telephone Number		
				A (302)		
5. Vaccine & Brand	6. Packing	7. Doses Ordered	8. **Current AHPV Inventory	9. Doses Given Since Last Order	10. Expired/Wasted/ Transferred Vaccines Code: E =Expired W = Wasted, T =Transferred	
					Doses	Code
HPV (GARDASIL)	Single dose vials - 10 per box					

FORM REQUESTS

Delaware Forms	Quantity	Delaware Forms	Quantity
Vaccine Information Statement (VIS) English HPV	<input type="checkbox"/> 50 <input type="checkbox"/> 100	Immunization Reporting form (IR)	<input type="checkbox"/> 50 <input type="checkbox"/> 100
Vaccine Information Statement (VIS) Spanish HPV	<input type="checkbox"/> 50 <input type="checkbox"/> 100	White Return Envelopes	<input type="checkbox"/> 5 <input type="checkbox"/> 10
Vaccination Schedule	<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 10	Temperature Log <input type="checkbox"/> C° <input type="checkbox"/> F°	<input type="checkbox"/> 1 <input type="checkbox"/> 12
Adult HPV Immunization Program Order Form	<input type="checkbox"/> 1 <input type="checkbox"/> 4	Adult HPV Immunization Program Patient Eligibility Form	<input type="checkbox"/> 50 <input type="checkbox"/> 100

**** Current inventory of Adult HPV Immunization Program vaccine is required. Orders will NOT BE FILLED unless this information is provided.**

Vaccine orders may be faxed to 1-800-318-0810

If you have any questions regarding your orders, please call
1-800-282-8672 or (302) 744-1060